



School children in the blind school, Tangalle walk along the tactile pathway

motivation

Architectural Access, Sri Lanka:
Rebuilding an Inclusive Nation
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Executive Summary

The aim of the programme was to ensure that all construction is designed to be accessible to disabled people and conforms to Sri Lankan guidelines on architectural access. At the start of the programme, key actors were approached to get their support for accessibility such as the Urban Development Authority - UDA (the legislative body having authority to establish minimum standards in construction), Ministry of Health (MOH) and Ministry of Education (MOE). This was to ensure that they understand the importance of architectural access and are equipped with the skills and knowledge to implement it. These three stakeholders have played a key role in supporting the programme by ensuring that standards for urban planning, architectural design and construction of buildings do include accessible design considerations.

At the start of the programme there was very little knowledge of accessibility or even what it meant and access audits had not taken place before in Sri Lanka. Therefore throughout the programme, direct training and consultancy was given to 32 organisations ranging from government bodies such as the UDA to INGOs such as CARE International, Handicap International and IFRC. Training was structured to raise awareness and improve knowledge and understanding on the various issues of accessibility with stakeholders across a variety of sectors, including education, health, housing, design and construction personnel and the disability sector. Training involved providing technical support, visiting sites, reviewing plans and recommending modifications to include accessibility.

Apart from training and consultancy, collaboration with government bodies UDA, MOE, MOH and Water Supply and Drainage Board has resulted in publishing guidelines on the minimum standards required for accessibility.

Under the grant scheme funds were given to nine existing buildings in Tsunami affected areas to make them accessible. These buildings were identified by consulting disabled people. Audits were done by accessibility advisors where barriers were identified and modifications were recommended. Focus group discussions were arranged to ensure the needs of the buildings users were identified.



The nine buildings will serve as model examples of accessibility. A press conference highlighting the buildings was held in November 2006 featuring the US Ambassador as a speaker. Key media were present and the project telecasted in the news of all major stations.


Status on Planned Activities

1. *Conduct research into the repair work being done across Sri Lanka, to identify key stakeholders and lines of authority. Conduct research into undamaged buildings in tsunami affected areas that could be made accessible*
 - Initially research was undertaken to identify the key stakeholders and lines of authority. Consequently, contact was established and advocacy began with the Urban Development Authority, the Central Engineering Consultancy Bureau, MOE, MOH and the Ministry of Social Services. It was identified that there was a lack of understanding about accessibility so training was given to these agencies throughout the project period to not only increase understanding but also to make sure that building plans and construction approved adheres to accessibility standards. As a result of ongoing advocacy Ministry of Social Services has redirected Rs 13 million to set up a grant making process to make private houses accessible.
 - Disability organizations across the country were informed of the grant scheme. A number of organizations have reported buildings that are currently inaccessible to their beneficiaries including hospitals and a railway station. This methodology was adopted in order to ensure that buildings targeted are important for disabled people. The initial research helped to identify appropriate buildings for accessibility modifications.
 - Research took place to trial accessibility designs and to develop resources and understanding to input into training and materials for dissemination. Research was done on post occupation of adaptive housing by disabled people in the CBM / Navajeevana Housing project; these houses were designed to be accessible specific to the individuals and their disability, level of functioning, lifestyle and needs.
 - A research and fact finding trip to India was made in September 2006 with visits to local organizations¹ heavily involved in promoting accessibility and

¹ Samarthyra, National Centre for Promotion of Barrier Free Environments for Disabled Persons, Svayam and Handicap International Regional Office

- in training. Information was gathered on how these groups provide consultancy and how they conduct and monitor training.
- Visits were conducted to Smart Shelter Foundation, a Dutch NGO constructing an elder's home to assist them in the development of plans and to assess the beneficiary group. This was a learning tool for the project as, unlike all other sites, it is located in different climatic and environmental conditions in the hills. Learning has been used in the development of national training resources and the development of resources for application in rural areas.
2. *Increase awareness, knowledge and understanding about architectural access to the built environment to all stakeholders*
- Guidelines had been issued by the Ministry of Social Services in 1998 on accessibility to built environment but the ministry struggled to find their copy of the guidelines in 2005 and those involved in construction were not aware that the guidelines existed. These have now been printed and made available to a range of stakeholders – from state, national, international and multilateral development agencies.
 - Direct advocacy has been ongoing throughout the project period; this has ranged from presentations in stakeholder forums to direct meetings. Targeted audiences include donors and international NGOs, local NGOs, government sector and private sector. All major stakeholders have been targeted. Direct advocacy has often lead to referral for training or technical advice. Training, reviews and support to the organisations involved in construction has been of two types: ongoing structured support and monitoring of its implementation for individual agencies and presentations, workshops, training sessions and meetings for larger groups of agencies across all targeted sectors. Support has included assessment visits, written reports, staff presentations, workshops, review of plans, site visits and review as well as trialling modifications and monitoring. This has included practical onsite training and monitoring.
 - Advice was given to agencies involved in construction of permanent housing and transit camps, water and sanitation, health facilities, a rehabilitation centre, a disability centre, resource centres and schools. Training, reviews and support to agencies involved in construction has taken place both in Colombo and at the district level.
 - Throughout the project period training and consultancy has been given to 32 organisations; Ministry of Health, Ministry of Education, Ministry of Social Services, Occupational Therapy Association, Sri Lanka Institute of Architects, Central Engineering Consultancy Bureau - CECB, Urban Development Authority, Christian Children's Fund, Sarvodaya, Kilinochchi

Association for Rehabilitation Of the Disabled, FORUT, CARE, Consortium of Humanitarian Agencies - CHA, Norwegian Red Cross, Handicap International - HI, ASB, Solidar, Equality based Community Support And Training - ECSAT, Merlin, UNOPS, IFRC, Rotary, Doctors of the World USA, TAFREN, CBM, Navajeevana, Disability Organisations Joint Front - DOJF, Americares, Ratmalana Social Services, Water Supply and Drainage Board, Save the Children, Northwest Medical, Australian High Commission, Smartshelter Foundation, Hambantota District Engineers and USAID contractors CH2M.

- Ministry of Health and Education - In collaboration with both Ministries, accessibility guidelines for schools and hospitals have been finalised. Training has been provided to the Ministry of Education architects on how to conduct accessibility audits and schools under the purview of MOE will now be subject to accessibility audits.
 - UDA – A regional seminar on accessible built environments was held in December 2006. International accessibility experts from India, Malaysia, Thailand Philippines and Australia gave presentations. The seminar was organised to promote regional learning and sharing of best practice.
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- Central Engineering Consultancy Bureau CECB / Hambantota District Engineers - Input was given into the design plans for a hospital constructed in Tangalle and both the CECB and the Ministry of Health have been actively involved in the process of visiting the sites and compiling reports.
 - Occupational Therapy Association - After training and advocacy, accessibility has been included in their curriculum. This will increase the capacity of the OT Profession in Sri Lanka in the provision of accessibility advice and information.

- Water Supply and Drainage Board –accessibility training was conducted for the staff through conducting workshops and site visits. Staff who were given training were made up of made up of civil engineers, hydrologists and sociologists
- CBM/Navajeevana Housing Project – Assessment and research into adaptive housing needs and consultancy was provided to this project on road access to development.
- CHA – CHA is a post tsunami humanitarian coordination agency, there are around 80 organisations who are members of this consortium. CHA has shown an active interest and a number of presentations have been made in their operational meetings with up to 140 organisations present. Articles were also published in CHA magazines which are distributed at the district level.
- Doctors of the World USA – This INGO have renovated two rural hospitals in Tangalle, Ranna and Nakulugamuwa hospitals. These were buildings modified as part of this project. Accessibility advice and support was transferred in the process to Doctors of the World and site engineers.
- Disability Organisations Joint Front, (DOJF) District Focal Point Programme – Ongoing support has been given to this grassroots programme where field staff advocate for accessibility in the districts, Matara, Kalutara and Galle. Staff have been trained in accessible design principles and to conduct access audits to public buildings and report on findings
- Health INGOs Americares and Merlin – A good relationship has been established with both these organisations where collaboration is ongoing to make sure access is considered in hospital construction taking place in a number of districts.
- CH2M, USAID’s contractors – advice was given on accessibility issues for vocational training centres. In addition Motivation referred disabled people to attend the Vocational Training Authority consultation focus groups meetings which were to inform the development of plans for training centres their content and management.
- Norwegian Red Cross – Norwegian Red Cross is involved in school and hospital reconstruction mainly in the East. Guidelines on school were developed for them and accessibility was subsequently



included in their policies. Advice has also been provided on accessibility to a nursing home they were constructing.

- Sarvodaya – Architects and engineers from Sarvodaya were provided with consultancy relating to the construction of two community centres, one in Hamabantota and one in Balapitiya.
 - Ratmalana Social Services – Advice on design considerations was given for Ratmalana Social Services who are building an elders home.
 - Rotary – Rotary architects and engineers have been given training on accessibility for schools which have since been monitored.
- It was envisaged at the beginning of the project that TAFREN would play a major role in the Tsunami reconstruction and they were targeted in advocacy work but since 2006 they no longer operational, having been succeeded by RADA (Reconstruction And Development Agency) who have also been subject to advocacy.

3. *Ensure standards are developed for implementing accessibility criteria in new construction*

- Since accessibility was a new concept in Sri Lanka, the development of minimum standards was necessary so that the actors involved in construction are not only aware of accessibility but are legally obliged to implement it. This included lobbying the Ministry of Social Services, the Attorney General, main political parties and the legal draftsmen which resulted in passing of the cabinet directive in May 2005 to ensure post Tsunami reconstruction is accessible. Since the cabinet directive was temporary legislation, the cabinet gazetted more permanent and detailed regulations in November 2005. These regulations are supported by the existing 1996 Disability Act, and they state that new construction of public buildings should include accessibility and that existing ‘public buildings’, ‘public places’ and ‘common services’ have to be made accessible within the next seven years. The regulations are now awaiting enactment by Parliament, however they are legal tender and enforceable since being gazetted. (Parliament can overturn the legislation, which we anticipate is unlikely given that advocacy has targeted MPs to develop their understanding of accessibility and its benefits).
- A summary booklet has been developed and finalised to support existing national guidelines on accessibility, it was developed as a result of feedback on national guidelines. It is a summarized, user-friendly guide that provides guiding principles to enable problem solving in accessibility. It is meant for project managers as well as those involved in managing, implementing and monitoring construction.

- Water and sanitation is an important aspect of accessibility and guidelines have been developed in all three languages and disseminated to organisations involved in the sector. UNICEF and Oxfam, the two lead agencies in WatSan in the recent camps for displaced people in the north and east, used the guidelines in developing the blueprints for recommended emergency designs. A number of other agencies also used these designs in the camps.
- Guidelines for accessibility in schools and hospitals have also been developed in conjunction with the Ministries of Education and Health respectively. These have covered issues such as common problems, possible solutions, suggestions for modifying existing buildings etc.

4. *Advocate for the adherence to, and implementation of standards*

- Stakeholders need to be aware of standards in order to implement them. Through existing bodies UDA and Ministry of Social Services delegates helped to disseminate the message. Throughout the project period three press conferences were organised promoting the regulations on accessibility and several articles were published². Colombo Municipal Council (a former target of advocacy work) published an advertisement highlighting the new regulations.
 - As a parallel project, there were daytime discussion shows on accessibility, 38 articles in print, 14 television shows and 5 radio programmes.
 - This project attracted feature articles in newspapers Sunday Island, and Monday Island and coverage of building openings and the project in general in the Daily News and television coverage on Mtv, Art TV and state cooperation television, Rupavahini.
 - A press conference on the Architectural Access grant programme was held in November 2006 where key media were present. The chief speaker was the US Ambassador. This was telecasted in all the major television stations.
- #### 5. *Set up an office and develop an application and grant making process for accessible additions to existing public buildings*
- Under this grant scheme, nine buildings have been modified. Disabled people and disabled people's organisations nominated the buildings. The

² One of these conferences was funded by USAID, funding was secured elsewhere for the other two).

owners of the buildings as well as the building users were identified and contacted in order to seek interest and gain relevant permission. Partners were given an induction into what accessibility means and how it would affect their lives. At first, since the concept was new, there was some reluctance to accept change but this did not last, and at the project close beneficiaries and staff are advocating to others about increased independence and more time as a result of modifications.

- The buildings modified under this project were Sarana Blind Elders Home (Ambalantota), Saviya Home for intellectually impaired women (Matara), School for the blind (Tangalle), Base Hospital (Panadura), Base Hospital (Tangalle), Nakulugamuwa and Ranna Rural hospitals (Tangalle) – which were implemented through the NGO Doctors Of the World USA, ECSAT (Galle) and Sambodhi Welfare Foundation (Galle). Support has been given from disabled people throughout the project. For example, members from the Kalutara District Organisation of Disabled, which nominated the Panadura Hospital, routinely visited the hospital during the construction period to check if the work was according to plan, equally they were there to open the building and to trial the modified stairway, accessing the second storey for the first time!
- To inform the modifications, focus group discussions were held at the site with the various building users: the beneficiaries, staff, caretakers or doctors in order to find out what priorities and what access problems they faced. Their suggestions were taken into consideration by the accessibility auditor. Audits were carried out, access reports were written, drawings and Bill of Quantities (BOQ) were made, which were constantly reviewed in order to make sure that the accessibility modifications were up to international standards.
- The partners were supported in the tender process, guidelines were written to inform partner’s agreements with contractors, introducing details such as terms of payment, setting up milestones and compliance with access guidelines and timeframes. A questionnaire was formulated on the contracting process in order to elicit details on the tender process and to check if the partners have complied with USAID financial regulations.



Tactile indicators in Sarana



Toilets in Nakulugamuwa



Ramp at Ranna



Supportive playground equipment at ECSAT, Galle

Even though many of the partners are small with limited experience in this field, they managed to find suitable contractors and have satisfactory agreements outlining conditions of non-payment, contract termination and strict deadlines. The access modifications demonstrated a range of features including ramps, accessible toilets, tactile indicators, accessible steps and stairways, accessible playground equipment, lighting and colour contrasting for people with visual impairments and signage.

6. Monitor grants for accessible additions

- A quantity surveyor was identified to do accessibility audits who had a background in accessibility, he also has a disability himself and has personal experience of facing barriers in construction. Training was given to the consultant to upgrade his skills in auditing, reporting and monitoring. Feedback from the needs assessments was fed into his training. Project recommendations complied with national and international accessibility guidelines.
- An architects firm undertook monitoring of quality standards as well as monitoring timeliness. Consistent monitoring visits were also made by the project accessibility advisor so as to ensure that the accessibility requirements are met. Construction has been successfully completed at all partner locations

7. Use the Sri Lanka programme as a model of good practice, nationally and internationally

- Now that the project is complete, the new buildings serve as model examples demonstrating a variety of accessibility features. The accessibility advisor, Mr Mendis' carried out a seminar in Galle in November, inviting construction professionals and expanding on the project details and its findings.
- The press conference and ensuing publicity served to highlight the project and a small exhibition was created to portray different modifications used in the project.
- As part of the training side of the project a regional conference was organised by UDA. This brought together a range of government stakeholders in Sri Lanka with other active accessibility groups in the region. Sessions took place to look at shared use of resources and learning. Publications from this project were disseminated during the workshop.
- The accessibility training advisor visited Delhi, Bangkok and UK accessibility service providers during the project period, this helped in the

development of project resources as well as to highlight the work that had taken place in Sri Lanka. The role of the consortium of agency undertaking advocacy (Access for All) attracted much interest. A number of organisations that were visited attended the regional conference and discussion took place to plan future collaboration and shared learning.

- In October promotional materials were produced and disseminated at the national law week organised by the Bar Association. The project had a stall to promote the work of this project and to advocate on new legislation on accessibility. It was notable that the majority of lawyers and judges are now aware of the new legislation which is a good indicator of the impact of publicity and advocacy.
- Publications have been developed that promote accessible design principles as well as resources specific to health facilities, schools, water and sanitation that take into account rural considerations. These guidelines will be disseminated throughout Sri Lanka as well as within the region; through the Asian Spinal Cord injury Network; through partners who attended the UDA regional conference; through Motivation's project partners throughout the world and disseminated to Motivation's donors. Motivation is becoming increasingly involved in collaboration, such the recent WHO wheelchair consensus conference, through collaboration with ICRC and with representation at the international society of prosthetics and orthotics. Publications will be disseminated through these networks to promote learning from this project.
- The accessibility advisor is writing a report on his findings from the project, which will be disseminated to professional bodies in Sri Lanka along with presentations that he made during the project period. He is also registered with the Chartered Institute of Building, UK, to whom he will also be forwarding his report for distribution to its members.

Challenges/Constraints & Actions Taken

- A problem encountered at the start of the project was in recruiting an accessibility project manager. A number of people were identified and offered the post but all candidates fell through. At the time there was a shortage of professionals as a result of the huge demand in post tsunami work and short term contracts were undesirable. Ultimately, the accessibility advisor was identified as a consultant. He has a background in accessibility for the last 20 years and he was part of the steering committee which was formed for the drafting of the Ministry of Social Services accessibility guideline book.
- Initially there was a total lack of understanding about accessibility. Accessibility audits have not been done before in Sri Lanka, therefore

skills and understanding needed to be developed. Ongoing training was transferred to the project accessibility advisor throughout. The Training component of the project was developed to meet this need.

- Obtaining relevant permissions for the modifications of government buildings was difficult and time consuming, especially for Panadura and Tangalle Hospital, where ultimately the permission was sought from the respective provincial ministries. This was true for other government projects where lines of authority are not clear and the high levels of bureaucracy.

Success Story

The Panadura hospital was built in the 1930s and was later converted into a district hospital in 1979. This hospital was nominated by a disabled people's organisation called Kalutara District Organisation for the Disabled (KDOD) as many of its members reported difficulties accessing the hospital. In particular, the toilets were impossible to use and some essential facilities such as medical, dental and ENT units were based in the upper floor which had no access other than stairs. Therefore, wheelchair users as well as those with mobility difficulties could not access these facilities, heart patients were known to have been carried up the stairs in order to reach the services!

The dispensary room also had no provision for wheelchair access. Mr Wijayasiri, treasurer of KDOD comments that the dispensary and the OPD (Out Patients Department) were so crowded that disabled people had to ask someone else to get their medicines, sometimes paying those people to do so. The floor was made of cement and it was not maintained properly. A member of KDOD, Mahinda, who uses a wheelchair, faced problems in the hospital and said that he could never enter the dispensary because the floor damaged his wheels. As a result of these problems, many disabled people in Kalutara have to go to private doctors (who are generally more expensive) because they were unable to go to Panadura Hospital.

The hospital, modified under the access project has done the following modifications:

- Extended ramp at entrance with a separate gate for disabled people for easy access
- Renovation and expansion of dispensary made accessible
- Renovation of the Out Patients Department made accessible
- Accessible toilets in wards as well as common toilet
- Accessible staircase
- Signage and other way finding tools
- Renovation of physiotherapy room

- Reorganisation of the hospital layout to ensure accessibility of the various clinics to disabled patients

Members of KDOD now report that they can easily use the hospital and hospital management and staff had reported several times since the modifications that staff morale has improved as the working environment in a more pleasant less crowded space.



Mr Wijayasiri, treasurer of KDOD climbed up the steps in the hospital for the first time at the opening ceremony, opened by USAID Director



The Panadura Hospital entrance previously used to be very muddy and it used to be an ordeal for patients to get to the hospital building itself



Newly modified accessible dispensary



USAID Director opening the newly accessible Panadura Hospital